



## REQUEST FOR APPROVAL OF TRAINING PROGRAM

Request for approval of a training program for licensees required to obtain continuing education contact hours credit as a requirement for renewal of licenses.

- a. Fill out each numbered section completely.
- b. Submit 60 days prior to presentation of course to:  
DNREC – Water Supply Section  
Licensing Program Coordinator  
89 Kings Highway  
Dover, DE 19901
- c. Submit a copy of program agenda. Each licensee is responsible for establishing proof of attendance.

1. Program Title: \_\_\_\_\_
2. Name of Sponsoring Agency: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Program Location: \_\_\_\_\_
5. Date(s) and time(s) of program: \_\_\_\_\_
6. Number of attendees expected: \_\_\_\_\_
7. Instructor Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_
8. Instructor's Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe educational benefits to be derived from program or course (attach agenda, flyer, course syllabus, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_
11. Signature: \_\_\_\_\_ Date: \_\_\_\_\_
12. Please attach a copy of the training program agenda or course syllabus to this application.

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### OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Recommendation of  
Water Well Licensing Board:

Approve: \_\_\_\_\_

Disapprove: \_\_\_\_\_

Date reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Signature*

ACTION BY DNREC

Approve: \_\_\_\_\_ # points: \_\_\_\_\_

Disapprove: \_\_\_\_\_

\_\_\_\_\_  
Date reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_